

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 598301

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3		2		/		
4		2		/		
5				/		
6				/		
7		1		/		
8		1		/		
9		1		/		
10		1		/		
11		1		/		
12		1		/		
13		1		/		
14	/		/			
15	1		1			
16	2		1			
17	2		1			
18	2		1			
19	1		1			
20			1			
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TOTAL IND.	2		3			
TOTAL DEP.	32		26			
TOTAL CLAIMS	32		29			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						